



Wisconsin Department of Health Services
State Disaster Medical Advisory Committee (SDMAC)
DRAFT Minutes

Date: Thursday, September 17, 2020
Time: 7:00 AM to 8:30 AM
Remote <https://dhs.wisconsin.gov/94996914536>
Phone Call In: 312 626 6799
Webinar ID: 949 9691 4536

Meeting Invitees:

X	Joe Cordova Emergency Response Coordinator, Threat Liaison Officer DHS, Division of Public Health	X	Mario (Riccardo) Colella, DO, MPH Emergency Medicine, Chief, Division of Emergency Medical Services (MCW) DHS, State EMS Medical Director	X	Mark Kaufman, MD General Internist, Chief Medical Officer, Wisconsin Hospital Association	X	Jon Temte, MD, PhD, MS Family Medicine Associate Dean for Public Health and Community Engagement, UWSMPH Chair, WI Council on Immunization Practices
X	Doug Hill DHS, State Contractor for Crisis Standards of Care	X	Chris Crnich, MD, PhD Infectious Diseases Chief of Medicine, Middleton VA Hospital	X	Michael Lohmeier, MD Emergency Medicine, Chief, Division of Emergency Medical Services (UW Health) Regional Medical Director, UW Health Emergency Education Center	X	Robert Wenberg, DO Family Medicine Medical Director, Lakeshore Community Health Care (Sheboygan, Manitowoc)
X	Jon Meiman, MD Family Medicine Chief Medical Officer - Environmental & Occupational Health DHS, Division of Public Health	X	Gina Dennik-Champion, MSN, RN, MSHA Executive Director Wisconsin Nursing Association	X	Silvia Munoz-Price, MD, PhD Infectious Diseases Enterprise Epidemiologist, MCW/Froedtert		
X	Ryan Westergaard, MD, PhD, MPH Infectious Diseases Chief Medical Officer, Communicable Diseases DHS, Division of Public Health	X	Arthur R. Derse, MD, JD Bioethics (MCW) Emergency Medicine (MCW/Froedtert)	X	Nasia Safdar, MD, PhD Infectious Diseases Medical Director for Infection Control, UW Health		
X	Elizabeth Bade, MD Primary care Medical Director, Scenic Bluffs Community Health Center – rural provider	X	Michael Gutzeit, MD Pediatrics, Chief Medical Officer & Chief Safety Officer, Children's Hospital of Wisconsin		Leann Smith DaWalt, PhD Senior Scientist, Waisman Center Director, University Center for Excellence in Developmental Disabilities		
X	Allen Bateman, PhD, MPH UW/ Wisconsin State Lab and Hygiene Communicable Disease Division, Assistant Director	X	Azita Hamedani, MD, MPH, MBA SDMAC Chair, Emergency Medicine Chair, Department of Emergency Medicine (UW Health)	X	Marcia Stickel, RN, BA, BSN Advocate and nursing consultant for individuals with intellectual or development disabilities (IDD)		



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Agenda:

Time:	Topic:	Lead:	Follow-up Items:
7:00 to 7:05 AM	Call meeting to order (Open Meetings website introduction)	Kathleen Caron	7:08 (There was a discussion held regarding the actual Zoom link to be used for the SDMAC meetings causing a delay in calling the meeting to order)
7:05 to 7:07 AM	Roll call	Kathleen Caron	7:09 Dr. Azita Hamedani provided roll call. Absent – Dr. Leann Smith Da Walt
7:07 to 7:10 AM	Review/approve minutes	Kathleen Caron	7:12 Dr. Azita Hamedani requested a motion to approve the July 9, 2020 minutes and thanked Dr. Gutzeit for chairing the meeting. Gina Dennik-Champion moved to approve the minutes, Dr. Jon Temte second. Pass and approved.
7:10 to 7:12 AM	Request to complete DHS Conflict of Interest form	Kathleen Caron	7:12 Dr. Azita Hamedani summarized the form/request to complete a conflict of interest statement by October 15, 2020.
7:12 to 7:25 AM	Ethics Subcommittee Update	Aly Capp	7:16 Dr. Azita Hamedani introduced Aly Capp from the Ethics Subcommittee. Aly Capp provided her background and experience and requested feedback from the SDMAC on the subcommittee's work. The group has been meeting since Aug 20, 2020. They have reviewed various documents to get ethical principles proposed for vaccines and therapeutics. They are hoping to finalize definitions of ethical principles by next week and use those to deliver on part of the charge. The group also wants to include how the principles would guide how certain groups would be prioritized. Transparency, exclusivity and trust is very important. Also important is the feedback from the public. She emphasized that the



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			<p>process is important for building trust. The open public comment period will start beginning of October.</p> <p>Dr. Azita Hamedani suggested that the committee members of SDMAC provide their feedback during the Oct 15th SDMAC meeting.</p> <p>Dr. Jon Temte questioned the timeline for activities as he was concerned they do not coordinate with the national timeline(s). Ethics first, then vaccine based on ethical framework which would be November/December.</p> <p>Hilary Bauman (guest) confirmed they would be meeting today and making sure their timeline was appropriate.</p> <p>Dr. Azita Hamedani requested that the Ethics Subcommittee meeting minutes go to SDMAC (as an attachment) in order to provide feedback. Others agreed.</p> <p>Hilary Bauman (guest) will also send the link.</p> <p>Dr. Azita Hamedani asked how familiar they should be with the National Academy of Medicine document.</p> <p>Aly Capp stated that the additional documents would be helpful especially when prioritizing.</p> <p>Dr. Ryan Westergaard referred to timeline – there may be value in convening the implementation group and overlap in order to build rapport with the group. During open public comment period have the secondary committee convene once or twice. He agreed to review additional documents provided. Acknowledged there is some overlap and may be a lot of work but there is value (in the materials).</p> <p>Dr. Azita Hamedani requested that a staff member provide a comparison chart of the National Academy of Medicine, John Hopkins, and CDC information.</p> <p>The SDMAC can be 4th option on the chart and the</p>



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			<p>SDMAC can see how they are aligned with the others.</p> <p>Dr. Jon Temte commented that there was well over 250 pages.</p> <p>Dr. Ryan Westergaard will look into finding a staff member to produce it at a high level summary.</p> <p>Dr. Azita Hamedani commented that the results may be able easier to “sell” if they show their work this way.</p> <p>Dr. Silvia Munoz-Price questioned how the vaccine will be distributed once it is available (state/hospital systems?)</p> <p>Joe Cordova commented that all vaccinators will need to register/sign a contract with CDC. Vaccines will be allocated to the state – same as H1N1 – but there will be priority groups. There are several work groups including distribution, administration and communication.</p> <p>Dr. Mario Riccardo Colella asked whether registrations with the CDC will be individual or an entity.</p> <p>Joe Cordova responded that it would be somewhat both. A facility can register as a vaccinator but would also need to list all of the providers with their license number that may vaccinate.</p> <p>Dr. Azita Hamedani followed up by asking how the framework they receive is different than the framework that the vaccine subcommittee is working on.</p> <p>Joe Cordova stated that the CDC will give an allotment for WI. At the state immunization level, it can be determined who is going to be prioritized. If there is a limited number (of vaccines) the information provided will be needed to do the breakdown. Health care workers were mentioned as an example of being prioritized.</p>



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			<p>Dr. Azita Hamedani summarized stating that WI will get an allotment and will use the framework provided by the SDMAC/subcommittees.</p> <p>Dr. Azita Hamedani requested that the comparison chart be available prior to the October 15th meeting and suggested that in the meantime, the SDMAC do homework reviewing primary references.</p> <p>Dr. Arthur Derse recommended reviewing the John Hopkins and National Academy of Medicine documents.</p> <p>Kathleen Caron will be sending out the John Hopkins and the National Academy of Medicine documents to the SDMAC. The group will also be receiving the comparison chart (once created) and the minutes from Ethics Subcommittee.</p>
7:25 to 7:30 AM	Updating on process for individuals resigning from the team	Kathleen Caron	<p>8:14</p> <p>Kathleen Caron stated that they usually issue a letter to the individual rescinding their appointment. She is checking on other options and do the easiest one.</p>
7:30 to 7:45 AM	Membership list reconsideration: a. Discuss whether to recommend changes or additions to the membership b. If additional members proposed, brainstorm possible options c. Next steps	Dr. Azita Hamedani	<p>8:16</p> <p>Dr. Azita Hamedani reminded group that there is not a quota for the group - what is important is that the group has the right members on it.</p> <p>Dr. Azita Hamedani questioned the process and how they should prioritize.</p> <p>Dr. Azita Hamedani asked the group to provide names by Monday 9/21. The list will be discussed and then forwarded to DHS for the appointment(s).</p> <p>Dr. Mark Kaufman suggested that a matrix of skill sets come first - then look at the candidates what you have and then what you are lacking.</p> <p>Gina Dennik-Champion suggested considering a pharmacist.</p>



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			Dr. Azita Hamedani asked about gaps in racial diversity, rural parts of state, pharmacy, university leaders, tribal representation, etc. Members of the public can also provide names.
7:45 to 8:00 AM	Vaccine Update	Dr. Jon Temte, Stephanie Schauer, PhD	<p>7:38</p> <p>Dr. Jon Temte introduced Dr. Stephanie Schauer and provided a PPT presentation of an overview of the Vaccine update.</p> <p>Discussion was held around the time period(s) and safety and efficacy testing – including placebo group. Dr. Jon Temte stated that there would be a rolling assessment. Also mentioned that a person will be followed for approximately 2 years during the vaccine trial. Efficacy based on infection. The standard for minimal safety assessment is 42 days after the last participant receives their last dose.</p> <p>Dr. Jon Temte mentioned as a contrast, when the new shingle vaccine was provided it was a good performer but the manufacturer did not have enough supplies. There was a shortage for 2 years. There is also a large gamble to make large supplies with no guarantee it is effective enough or an adverse event occurs that was not expected. Also commented that social media to news reports provide nothing to grave concerns.</p> <p>Dr. Jon Temte explained the difficult storage, shipping and handling requirements. Attention to logging all doses into registries is critical. Also important to acknowledge the unknowns – differentials in safety and efficacy. Also provided information from modeling exercises.</p> <p>Gina Dennik-Champion asked if they are looking at the concerns for timing of getting COVID and Flu vaccines.</p> <p>Dr. Jon Temte responded that he didn't think manufacturers are looking at safety and/or efficacy</p>



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			<p>of co-administration of vaccines. There is a prediction this will be a recurrent vaccine – questioning its durability. People will need a booster annually or every 2 years.</p> <p>Dr. Azita Hamedani asked whether the reports of people being double infected shed any light.</p> <p>Dr. Jon Temte responded by saying that the immunity to the Corona virus is thought to be short-lived. It can strike people through the age spectrum. A 70 year old can be infected several times by the coronavirus.</p> <p>Dr. Mark Kaufman mentioned that the public may be skeptical about the vaccine. They may need to be convinced that the vaccine is appropriate. He asked if there is there a place for WI consensus and how they can come together. If people do not take it we won't be good to controlling the pandemic.</p> <p>Dr. Jon Temte responded with the preface of "herd mentality". You have to look at the effectiveness of the vaccine and multi by vaccine coverage.</p> <p>Dr. Ryan Westergaard added that one of the pillars of the vaccine planning is focusing on the allocation distribution and public messaging. Thinking proactively. And that they will need more resource on a larger scale.</p> <p>Dr. Azita Hamedani also cautioned against prophylactic hype around getting the vaccine in case there is a bad reaction - bad outcomes could hurt the medical community and create distrust. Once we know we have a good product – roll out and make it easy to access.</p> <p>Dr. Mark Kaufman suggested a group of experts provide a statement around safety and efficacy - when the time is right - to reassure people. Currently, here is skepticism with the politics involved.</p>



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			<p>Doug Hill referred to a couple recommendations based on the complications of transportation and storage and should be applied.</p> <p>Dr. Jon Temte mentioned the biggest challenge is the temperature – do you get the freezers out to sights or just centralized sights that people can access? There have been talks of working with manufacturer of various temperature options.</p> <p>Looking at facilities that could properly store the vaccines and then map out where the populations are that we want to have access.</p> <p>Dr. Azita Hamedani asked if places like local Walgreens and CVS have a -70 degree C freezer.</p> <p>Dr. Jon Temte responded that the Pharm Association says “no”.</p> <p>Dr. Arthur Derse commented that one of the most important things presented was the ACIP modeling and possible recommendations of the order in which vaccine should be distributed. Mentioned the counter intuitive aspect off those priorities (front line/essential health care workers).</p> <p>Dr. Jon Temte mentioned that he has reviewed the slides on modeling and that they go in with an estimated effectiveness of 70% but are very imperfect.</p>
8:00 to 8:15 AM	Epidemiological update.	Dr. Westergaard	<p>8:26</p> <p>Dr. Ryan Westergaard - Madison is not unique - the UW has 2000+ cases on the Madison campus. La Crosse, Dane and Eau Claire Counties are hot spots. There are 2000 cases today – a record – driven by 18-24 population. How well can we prevent it to community spread? Puts a strain on whole system. They are responding to containing these outbreaks to protect the other vulnerable facilities/populations.</p>



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			Dr. Azita Hamedani commented regarding moral responsibility and kids – if they are going to be careless - than they have a moral responsibility when around other people. For example, if they are reckless on the weekends, they need to wear a mask when they go back to school on Monday. Can you play on moral obligation? Dr. Ryan Westergaard responded by saying that he appreciated her comment but that they don't have data on the effectiveness of that kind of strategy.
8:30 AM	Adjourn		8:32

Future Discussion Items (Parking Lot):